

MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING



August 20, 2015 | 1:00pm-2:30pm | Meeting Location: Dix Campus, Brown Building, Conference Room 104

AGENDA TOPICS

1) Welcome/Introductions

Facilitator: Cassandra McFadden, PCS Policy Analyst, DMA

Round-robin of individual introductions with name and agency representation

2) Program Updates

a) ICD-10 Transition Form (Cassandra McFadden, DMA)

DMA developed the ICD-10 Transition Form, and draft samples of the form were presented at the meeting. The form is intended to capture ICD-10 diagnosis information for all current beneficiaries. The form must be completed by the beneficiary's practitioner, but can be submitted by the practitioner via fax to liberty and by the provider by upload through the Provider Portal. Providers are encouraged to help beneficiaries complete this form around the time of their annual Independent Assessment (IA). The system will convert all current ICD-9 codes on the beneficiary's previous assessment to ICD-10 codes on the annual assessment if there is a 1:1 match between ICD-9 and ICD-10. If there is not a 1:1 match, the system will utilize a default code along with the description that was on the previous assessments. The absence of this form will not delay prior approvals from being generated as long as there is at least one ICD-10 diagnosis code or description on the beneficiary's assessment. If the annual assessment does not convert at least one ICD-10 code or description the assessment will not process and the provider and beneficiary will be contacted to submit the ICD-10 transition form. If the ICD-10 Transition Form is not completed at the time of the annual assessment DMA will reach out to providers and beneficiaries via mail to request completion. More information regarding the form will be presented in an upcoming bulletin in September. DMA has also reached out to CCNC to help inform practitioners of the new form. CCNC will issue information regarding the required ICD-10 transition form to each individual network through newsletter.

There were questions about how the system will catch the correct dementia diagnoses to allow for the expanded hours. Currently DMA and VieBridge are working to enter codes related to Degenerative disease, characterized by the conditions listed in Session Law 2013-306. DMA informed that all diseases related to the session law may not be captured, if beneficiary experiences a reduction of hours they may appeal and if they fit the criteria, hours will be recalculated during the appeal process.

If there are areas where you wish to have clarification, please reach out to us, preferably by email through the PCS portal, and we will get back to you.

b) Annual Assessment Reminder Notification Process (Cassandra McFadden, DMA)

DMA is rolling out a new feature which will alert providers of upcoming annual assessments 60 days before the IA is due. Providers will find the notifications under the "Referrals Review" tab. Notification will identify the due date of the annual assessment and request the providers reach out to beneficiaries and have them contact Liberty to schedule their annual assessment. Liberty will continue to make calls to the beneficiary to schedule assessments, but this process will allow the beneficiary to call in to Liberty to schedule once provider notifies them. Over the course of the next year, the annual assessment notification will have an ICD-10 Transition Form attached, so that providers may assist with the getting the form to beneficiaries and providers for completion.

Stakeholders responded favorably to this new functionality of the Qi Report provider portal.

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c) Service Plan Update (VieBridge representative)

Viebridge presented data current as of August 18th, regarding service plans completion.

As of June 10th VieBridge had implemented QiRePort service plan functionality (all referrals accepted as of that date require a service plan). Special EPSDT service plan development and review functionality has been put into action. PA generation is now tied to service plan completion, and new optional features are now functional. Timeliness reports regarding service plan completion and consent upload requirements have also been released.

In response to provider input, VieBridge is working on several QiRePort updates including a tool in the service plan module which will help providers determine the impact of the service plan weekly schedule for each calendar month (awaiting DMA approval). Also in the works are refinements to the consent upload process.

Providers requested that the "Start" and "End" dates be removed from the service plan. Viebridge explained the dates were added so providers can see who of their clients are out of compliance, but she will follow up to see what may be done.

In response to questions about MOS service plan problems it was stated issues may arise from hours that were authorized based on a mediation settlement rather than an IA. These service plans will need to be completed manually and uploaded to the system. Please contact Liberty for questions regarding service plan uploading. In the meantime, DMA and VieBridge are working on functionality that will allow all Service Plans to be completed within the system. DMA will provide updates on this functionality as it is developed.

3) Announcements

There will be no September PCS Stakeholders Meeting due to the regional trainings scheduled that month.

Clarification regarding the felon restrictions in the new PCS policy will be presented in an upcoming bulletin.

More information on the new Quality Improvement processes will be forthcoming. In the meantime, providers are asked to participate in a panel discussions to be held during the regional provider trainings in September. The goal is to have a peer to peer discussion on Quality Improvement Initiatives that are working for providers and how they manage their process. The Quality Improvement Program Attestation form will be due for all providers December 31st of each year with the first one required this year (2015).

ACH providers should be aware of the IMD (Institute for Mental Disease) audits soon to start. Providers will receive notice of audit and provided with contact information if they have questions.

Requests to view language from the upcoming September bulletin will need to be authorized before any information will be sent.

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4) Reports from Other Divisions

a) DAAS and DHSR

No reports.

b) DMH/DD/SAS

The DMH/DD.SAS will prepare a fact sheet covering frequently asked questions for PASRR review. It is hoped the sheet can be distributed at the September PCS provider trainings.

The Division also has guidance available regarding the Level II – Comprehensive Clinical Assessment that will be included in the fact sheet.

5) Stakeholder Feedback

It was suggested an NC FAST representative be invited to a future PCS Stakeholder meeting in order to answer questions and provide feedback to the group. Providers would like contact information for people within NC FAST to help resolve issues. Cassandra asks providers to inform her of their NC FAST issues so she can find the correct contacts.

Providers requested more guidance regarding the Change of Ownership process, and suggested a work group including DHSR, Liberty, NC Tracks, and business lawyers look at the procedures.

Attendees asked for updates regarding the proposed 1% reduction, and the Program Integrity audit tool. No news has been received by DMA yet. As of 8/20/15 the reduction had not been approved by CMS.

DMA will work to schedule a meeting that will focus on issues with NCFAST and how these can be resolved to provide relief for providers and beneficiaries. DMA will provide an update on the 1% rate reduction during the next stakeholder's meeting.

6) Meeting Adjourned at 2:00 pm